violent, and which causes the diminution of their calibre, and the consequent pallor and slowing of the circulation; the other vermicular and progressive, acting like all the contractions of this kind, i. e., instead of arresting the progress of the contained substances in the muscular tube, it facilitates their progression as in the intestine.

The augmentation of the peripheral circulation instead of being as in the case of stimulants, a result of reflex paralysis, is caused on the other hand by an increased functional activity of the muscular fibres of the vascular walls.

Without entering into the physiological proofs with which M. Onimus supports his views, we hold that one of the best evidences in its favor is afforded by the anatomical fact that wherever in their tissues the cardiac action is unfelt or much diminished, the walls of the vessels are very rich in muscular fibres. This arrangement evidently indicates that the arterial contractility serves to help the blood along.

Finally, M. Onimus endeavors to show how the theory of reflex paralysis is in contradiction with pathological facts. There is, in fact, a great difference between active and paralytic congestions, in a clinical point of view, and in this relation the theory of autonomous contractions is of all modern physiological theories the one which coincides most nearly with the ideas of Senac and Bichat, who held that the peripheral vessels had an action independent of that of the heart, acting actively in the phenomena of circulation.

Muttering Epilepsy.—Dr. W. B. Cheadle (*British Med. Jour.*, May 1), describes four cases of a peculiar epileptiform disease, characterized by an attack somewhat intermediate between the transient giddiness of *petit mal* and the fully developed seizure of the true epileptic fit, accompanied with muttering or rapid repetition of the same word or phrase a great number of times. He suggests for it the names eclampsia loquax or muttering epilepsy.

All the subjects observed by Dr. Cheadle were young, though some analogous cases reported by Trousseau occurred in adults. The occurrence of the repetition of the same word or phrase in each, seems to point, as the Doctor remarks, to a special irritative action on that part of the brain concerned in phonation; the coexistence of partial left hemiplegia in one case seemed to indicate a somewhat exceptional condition, as in some reported cases of left hemiplegia with aphasia.

Bromide of potassium caused complete disappearance of the symptoms in two cases, and mitigation of them in another. In the fourth case, an intercurrent affection interrupted the treatment, which at the time of writing had not yet been resumed.

Myelitis.—We copy the following from a notice of a recent *brochure*, by Dr. E. Clement, in the *Union Medicale:*

Under the name of myelitis, of organic paraplegias, were confounded even very recently all the diseases characterized by lack of motor power which are not of cerebral origin. To-day clinical analysis, the practical

tive lesion is a sclerosis starting within the external bundles of the posterior columns, propagating itself thence inwardly into the median bundles, and outwards toward the posterior horns; and while the acute lightning-like pains are dependent on the primitive lesion, the inco-ordination is only produced when the posterior roots are affected; finally, the appearance of paretic or paralytic symptoms reveals the the fact of the invasion of the posterior portions of the lateral columns, and if the lesion spreads as far as the anterior horns of gray matter, muscular atrophy is produced. The alteration of the lateral columns has, moreover, a typical symptom, that of muscular contraction. If the lesion is double, the contraction will occupy the two members symmetrically; it will affect the superior ones if the lesion is above the cervical enlargement. The lesion and the symptom are also in direct relation as regards extent, progress, and intensity.

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From the conclusions of this memoir, I extract the following:

The same lesion, located in anatomical elements of the same nature, and which should possess the same functions, produces sometimes paralysis, sometimes muscular atrophy, and sometimes both at once. This is still an obscure point, and not the least singular of those which yet remain to be explained in the symptomatology of the forms of myelitis.

TELEGRAPHERS' CRAMP.—M. Onimus (in *Gaz. Med. de Paris*).—Writers' cramp is the most common and well defined type of the affections that supervene in certain persons from the constant repetition of certain movements. A similar affection is met with in designers, engravers, and musicians, but we do not think it has been noticed heretofore among telegraph operators. We have recently had occasion to notice two cases, one of which is especially very characteristic, and presents many interesting peculiarities.

The patient, who is very intelligent, has been a telegraph operator nineteen years, has followed the progress of the disease since its first manifestations, and has observed that the first symptoms consist in difficulty in making dots, and particularly a succession of points. We know that in the Morse alphabet the letters are represented by a succession of traces and dots, and the first letters in making which difficulty was experienced, were the *s*, formed by three dots, the *i*, formed by two dots, and the *u*, of two points and a trace. The *d*, which begins with a line followed by two dots, was made better than the *u*, since the first motion in forming the line gave a greater assurance in the movement.

Gradually the formation of every kind of dot and line became impossible with the hand in the ordinary position, and the patient tried then to work the key with the thumb alone, and for nearly two years he was able to transmit dispatches in this way. After this period, the thumb was taken with cramps, and the patient tried successively the index and the middle fingers. With each of these he was able to work for two or three months, and both in turn took on the spasmodic action. At last he used the wrist, but the co-ordinated movements soon became impossible, and while the usage of the fingers produced a kind of stiffness, that of the wrist caused rapid and convulsive movements of the forearm whenever he attempted to send a dispatch. If he still